



Parent / Guardian Acknowledgement of Policies

Patient Name(s):

By signing below, I acknowledge that I have been given a copy of each of the following Cupertino Pediatric Dentistry policies and I agree to and will comply with each:

1. Notice of Privacy Practices
2. Office Insurance and Financial Policies
3. Office Appointment Policies
4. Dental Materials Information Sheet

I acknowledge that I may request a copy of the above policies at any time and that Cupertino Pediatric Dentistry reserves the right to change any of the above policies at any time.

I understand that I am financially responsible for any charges not covered by my insurance benefits for my family's account.

Parent/Guardian Printed Name:

Parent/Guardian Signature: _____ Date: